

Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

WORK PERFORMANCE EVALUATION (WPE)**Select Appropriate WPE**

Must print in Blue or Black ink

Employee ID	Last Name, First Name		CA Driver's License No.	Auto Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Hours Select Service Hours	Due Date
Position No.	Job Code	Job Code Title		Department		Department ID

Rating codes: E = Exceeds Job Standards M = Meets Job Standards B = Below Job Standards U = UnsatisfactoryIn each box below, describe an important task, duty, and/or job-related problem area. Evaluate job performance on each task, duty or job-related problem area with a rating code and give a justification of rating. You are required to complete this WPE as it *may* impact the employee's step advance.

<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	<input type="checkbox"/>
JUSTIFICATION:	JUSTIFICATION:	JUSTIFICATION:	JUSTIFICATION:
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
JUSTIFICATION:	JUSTIFICATION:	JUSTIFICATION:	JUSTIFICATION:
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
JUSTIFICATION:	JUSTIFICATION:	OVERALL EVALUATION	COMMENTS:

Action**Select Appropriate Action****Note:** If extending probation provide pay period (pp) end date below**(Extension must be in 3 pp increments only)**Extend Probation to: _____
(pp end date)

I acknowledge receipt of a copy of the Policy Prohibiting Discrimination, Harassment and Retaliation and understand that I must comply with its contents.

Employee Print/Signature: Employee must sign here to acknowledge receipt of policy Date: _____

The employee's signature on this evaluation does not necessarily imply agreement. The employee or reviewing official may file additional comments and/or a statement of disagreement that will become part of this evaluation.

Employee Print/Signature: Employee Refused to Sign – Witness Signature Date: _____Supervisor Print/Signature: Supervisor Signature Date: _____Reviewing Official Print/Signature: Reviewing Official Signature Date: _____